

AGEING IN INDIA IN THE 21ST CENTURY: A RESEARCH AGENDA

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PREFACE

Ageing in India in the 21st Century: A Research Agenda is a country-specific report with special focus on priority areas and methodological issues. It is prepared on the lines of the research agenda framed by the United Nations Office on Ageing and the International Association of Gerontology in 2002.

The main aim of this report is to focus on the emerging ageing issues in India in the coming decades and to suggest alternative methodological approaches to study these issues in a more comprehensive way.

My sincere thanks and deepest gratitude to Tina AAmbani for her constant encouragement and valuable suggestions during the preparation of the report. I sincerely thank S Rangarajan for his continual assistance in finalising the report. I would also like to thank Prof C P Prakasam, Head, Computer Centre, International Institute for Population Sciences, Mumbai, for analysing the demographic data on ageing.

- Dr S Siva Raju

Mumbai
February 2006

FOREWORD

Many seniors in India lead healthy, dignified, and satisfying lives. They work through the day or part-time. Many live off wellplanned savings. They travel, increase acquaintance with computers and other empowering gadgets, and are secure as owners of their homes. But there are many more who retire without a pension, provident fund or modest savings. They lack access to even the most basic healthcare, and suffer abuse and neglect from the younger generation - and in many cases, the state. This is unacceptable, and simply cannot be permitted to continue.

The Harmony Initiative was born of a dream to touch the lives of every elder person across India, irrespective of gender, class or region. Our aim is a national movement to improve the quality of life of these 'silver' citizens, to ensure that society and government cannot ignore them any longer, and equally, spur them into greater self-reliance.

The need is unquestionable. India is home to one out of 10 senior citizens in the world. This population, estimated to be over 80 million at present, is projected to grow to 137 million by 2021.

There is strength in these numbers. We firmly believe that the elderly are not a spent force. Indeed, silver citizens are active and proud. As marketers and researchers fete Generation X, our commitment is to Generation A - people with a wealth of experience, expertise and wisdom to share.

The Harmony Initiative, launched in 2004, has three main facets: *Harmony*, the magazine, the Harmony Interactive Centre and the website www.harmonyindia.org. All three work towards urging silvers to live life to the fullest and reinforcing the spirit of Harmony: Celebrate age.

Over the past two years, we have realised that we need to learn more about Silvers if we are to make a real difference to their lives. That is how Harmony's Research Division took shape. We believe it is imperative that voluntary organisations, self-help groups and other agencies streamline their efforts in the areas of research, teaching, training and advocacy, and join hands with government to evolve policies and programmes that work on the ground.

This can only be achieved with appropriate research, the first building block in the process of enabling and empowerment. It's time to ask some important questions: Have existing statistics helped us understand the conditions of our elderly living in different socio-economic situations? Have studies enabled government to frame effective policies and programmes? Given the high population growth among this segment of the population and wide variety and change in their profiles, do we need alternative approaches in research? We need to consider these questions, as we urgently need accurate answers.

Through this monograph, Dr S Siva Raju, Vice-President (Research & Training), Harmony, attempts to set the agenda on future research in the field of ageing in India. This report is not just an interesting and stimulating read, but has practical application for Silvers across India. Through it, our aim is to reach out to a wide audience of students, researchers, teachers, policy makers and practitioners, as well as those with a general interest in issues related to ageing. We also hope it spurs government and non-government agencies to consider the issues presented here as priority areas for commissioning projects.

In 1989, sociologist and demographer Alfred Sauvy predicted, "The 21st century will be the century of the ageing of mankind." He couldn't have been more right. But to make this century worthwhile, we need to fill the gap between policy and reality. Let us come together to create a society where age is just an irrelevant number, where elders stand side by side with the younger generation, Silver, shining, and proud.

- Tina Anil Ambani

AGEING IN INDIA IN THE 21ST CENTURY: A RESEARCH AGENDA

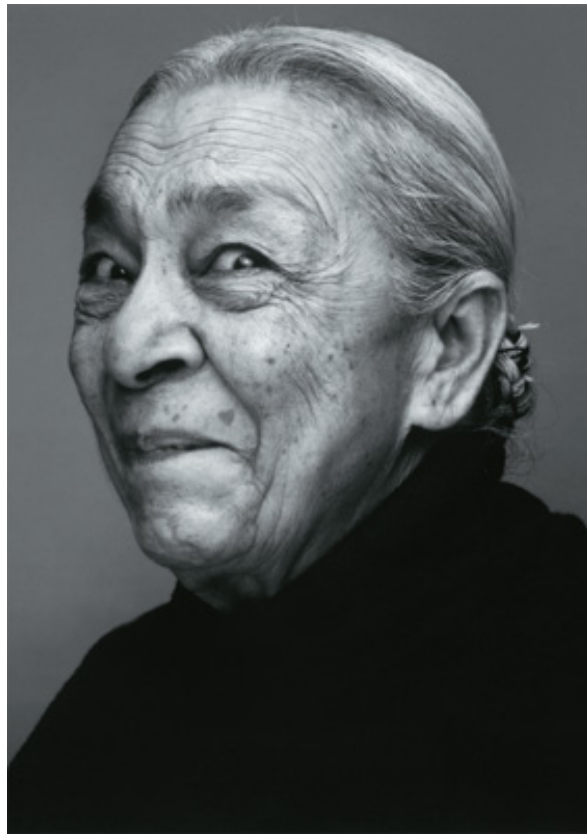
(Priority Areas and Methodological Issues)

EXECUTIVE SUMMARY

- The rapid growth of the elderly population, the wide diversity in their profiles and the varied inter-related environmental influences need significant consideration of researchers, policy planners and service providers.
- The research agenda on ageing in the 21st century developed by the United Nations Programme on Ageing and the International Association of Gerontology aimed to contribute to clarifying and implementing public policies on ageing, and influence the direction and priorities for scientific gerontology.
- As the second most populous country in the world, India needs to prioritise issues for future research on ageing and refine methodologies to undertake such studies. This report is an effort in that direction.
- Earlier studies on ageing have enabled us to understand issues concerning the elderly, especially their problems. However, besides being exploratory, descriptive and localised, most of the studies focused on urban, male retirees/pensioners, who were viewed as passive receivers of care.
- Profiles of the elderly population are undergoing a change. Today, the proportion that intends leading active lives of fulfilment for themselves, their family and the community is on an increase.
 - These changes affect their quality of life both directly and indirectly. Consequently, it is imperative to prioritise research efforts and evolve alternative methodologies for the study of ageing issues.
 - Areas for research on ageing include:
 - Female elderly
 - The very old (80-plus years)
 - Rural elderly
 - Inter-generational bonds
 - Community-based support programmes
 - Life span approaches
 - Impact of health problems like HIV/AIDS
 - Nutritional status
 - Elder abuse
 - Family relations
 - Social networks
 - Determinants of successful ageing
 - Network of organisations for the care of the elderly
 - Methodological aspects that require attention to study these emerging issues include:
 - Multi and inter-disciplinary perspectives
 - Promotion of explanatory studies
 - National-level studies covering different geographical regions
 - Stratification of the elderly population
 - Conceptual issues related to quality of life
- Harmony advocates greater interaction as well as dissemination of information among researchers, policy planners, community workers and service providers associated with ageing issues.

Viewed as a whole, the problem of ageing is no problem at all. It is only the pessimistic way of looking at a great triumph of civilization.

- Notestein, 1954



BACKGROUND

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Across the world, countries are experiencing population ageing. The growth rate of the elderly population is more rapid in developing countries like India than developed countries. Apart from demographic transitions, socio-economic and political changes together with increased individualism have altered living conditions of the elderly.

Today, the elderly demand that society should not only ensure independence and participation, but also provide care, fulfilment and dignity. Limited understanding of factors influencing their quality of life is largely responsible for the elderly being denied a dignified existence. After all, the last stage of life holds as much potential for growth and development as earlier stages. The diversity among the elderly and varied interrelated influencing aspects from their environment need significant consideration of researchers and policy planners.

The United Nations Office on Ageing and the International Association of Gerontology jointly developed the Research Agenda on Ageing for the 21st Century. Initiated mainly to support the implementation of the International Plan for Action on Ageing, the research agenda was adopted by the Second World Assembly on Ageing at Madrid, Spain, in 2002. It aimed to elaborate and implement public policies on ageing and influence the direction and priorities for scientific gerontology in the coming decades. This was built on the substantial body of knowledge and expertise regarding gerontology and related fields accumulated over time.

However, wide variations exist in its accessibility and relevance depending on socio-economic conditions of different countries. Hence, a country with substantially fewer resources for conducting research needs to carry out a stock taking exercise at regular intervals. This assists in understanding various ageing issues and in modifying or seeking new methodologies for their study.

Though the scientific study of ageing issues in India was attempted as early as the 1960s, the World Assembly on Ageing held in 1982 gave significant impetus to gerontological research; this has recently gained

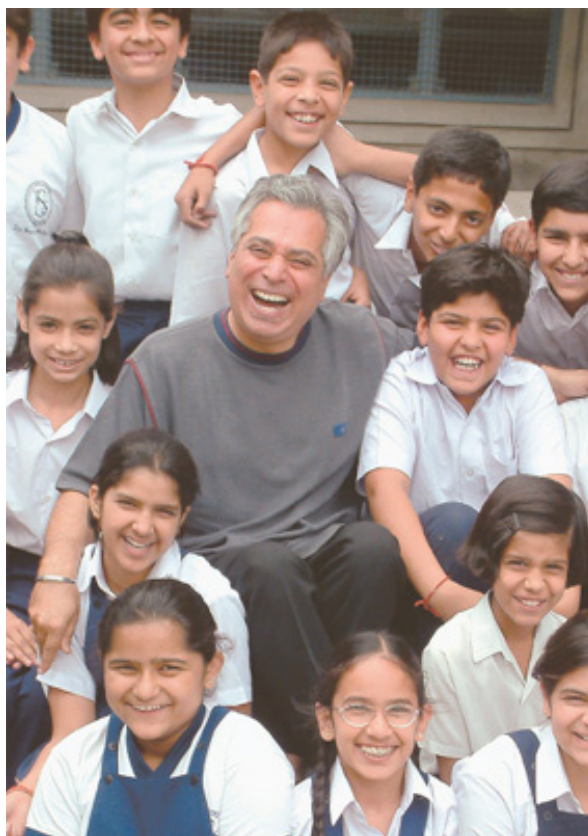
importance. Further, announcements of policies like National Health Policy, National Population Policy and National Policy on Older Persons have also created far more awareness and consciousness among researchers, policy makers and others, resulting in an increased focus on age-related issues.

"There is a need to assess the 'state of the art' of existing knowledge, as it varies across countries and regions, and to identify priority gaps in information necessary for policy development." (UN 2002)¹

Until recently, ageing was not a priority issue in India for research, planning and programs of social security provisions and services.

If you carry your childhood with you, you never become older.

- Abraham Sutzkever



As the second most populous country in the world, it is important for us to assess the status of research on ageing in our country and identify existing gaps. This requires the attention of researchers as well as policy makers and others associated with issues of ageing. Such exercises help us to prioritise issues for future research and refine methodologies to undertake such studies. This is the content in which this report attempts to assess the status of research on ageing. It analyses the focus, approaches and study areas, and lists out priority areas and methodological approaches for future research. A more detailed report can be viewed at www.harmonyindia.org.

The studies on ageing conducted so far may be broadly categorised as:

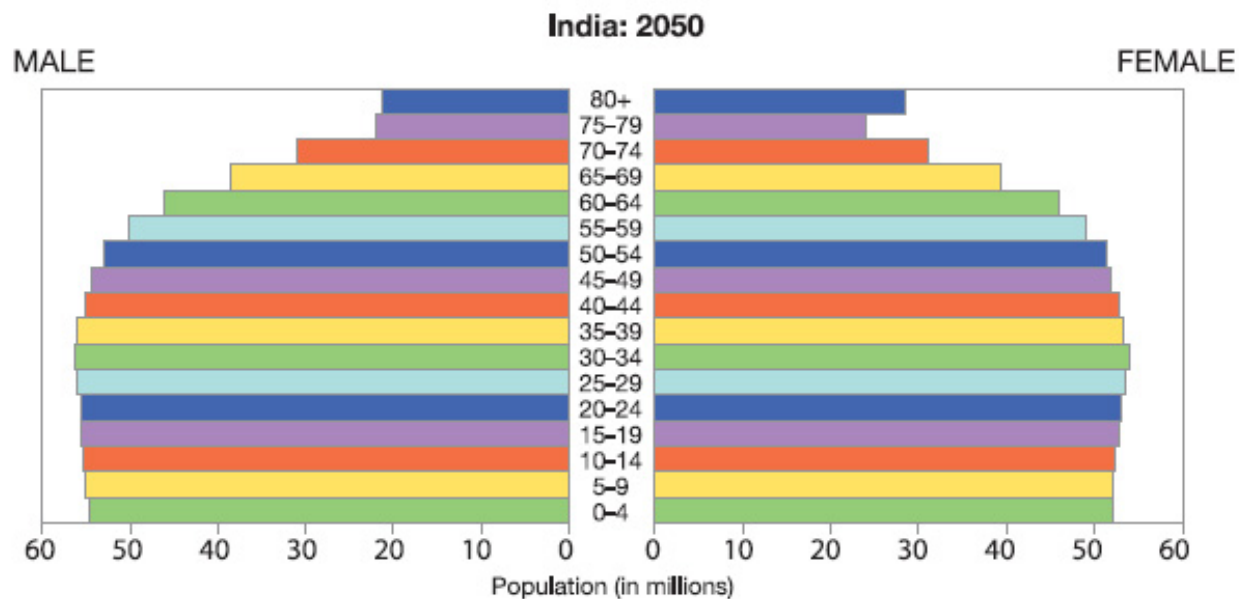
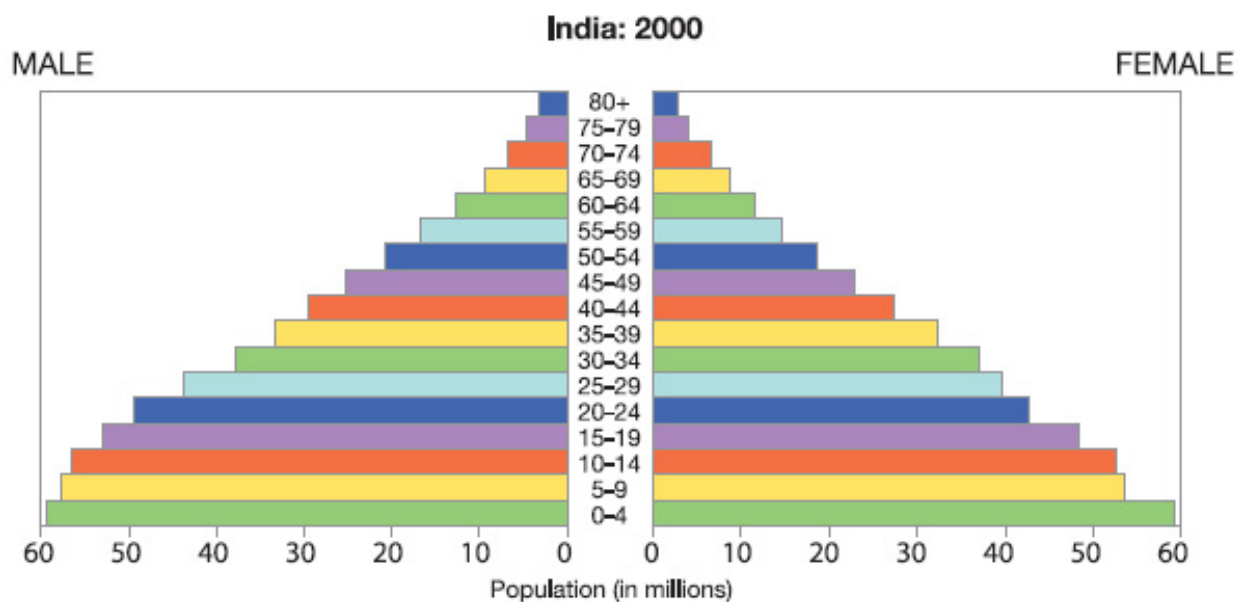
- Demography of ageing
- Attitudes and stereotyped perceptions
 - Ageing differentials
 - Ageing in specific locations
- Cross cultural comparisons of ageing

- Development and health in old age
 - Livelihood issues
 - Care of older persons
- Family relations and social networks
 - Quality of life
- Preparedness for death
 - Policies and services

Alternative approaches or methodologies are required for comprehensive research to further our knowledge of ageing issues.

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AGE PYRAMID



SCENARIO

Elderly issues are multi-dimensional in nature. They may be broadly categorised as demographic, social, economic, psychological and health.

(i) Demographic Issues

The elderly population in India is the second largest in the world, next only to China. This population, which was 77 million according to the 2001 census (7.5% of the total population), is projected to increase to 137 million by 2021.² Three-fourth of the elderly population live in rural areas. Their annual growth rate is higher (3%) as compared to the growth rate of the total population (1.9%). Population projections show that by 2050, the elderly population in India will surpass the population of children below 14 years.

Sex ratio (number of females per 1,000 males) of the elderly population, which was 1,029 in 2001, is projected to become 1,031 by 2016. Life expectancy at the age of 60, which was 9 years in 1901, is currently around 16 years for males and 18 years for females.³ Widowed elderly females are greater in proportion (51%) as compared to males (15%).

The old age dependency ratio (number of 60+ per 100 persons in the 15-59 age group) is gradually increasing in both rural and urban areas. A majority of the elderly are supported by their children, and co-residence with their children increases as they advance in age.

Unfortunately, literacy is 53 per cent among elderly males and only 20 per cent among elderly females. Elderly males are more economically active as compared to females.

Nearly 90 per cent of the total workforce in India is employed in the unorganised sector. Consequently, retirement from gainful employment precludes financial security like pension and other post-retirement benefits. It is estimated that one-third of the elderly population live below the poverty line.

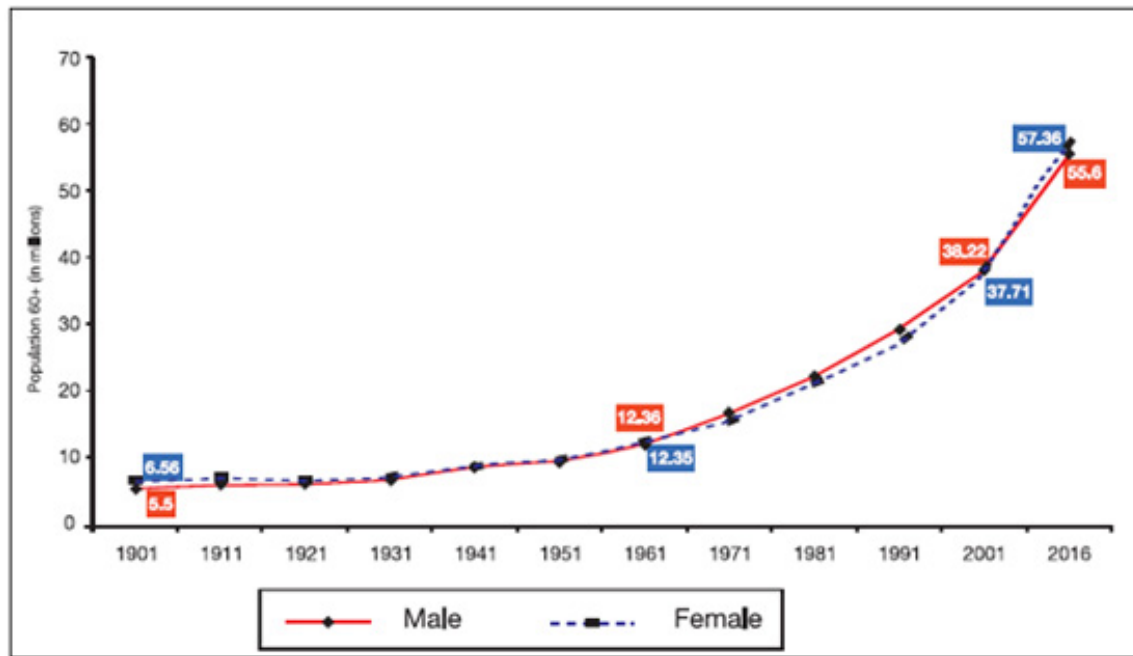
(ii) Socio-Economic and Psychological Issues

The elderly were the most respected members of the family in traditional Indian society. Taking care of them was mainly the responsibility of their children. The majority of the elderly living with their offspring also preferred living with them as a desirable choice.

However, the growth of 'individualism' in modern life led to their alienation and isolation from family and society. Migration from rural areas resulted in the growth of more nuclear families in towns and cities. This affected the care of the elderly.

Some of the major characteristics of ageing in India are: Feminisation of ageing, the high growth of oldest-old population (80+ years) and increase in their vulnerability.

The situation in India is in favour of continuing the family as a single unit for performing various activities.



Source: Based on the data presented by Siva Raju, 2002, in UNFPA and CBGS, *Situation And Voices - The Older Poor And Excluded In South Africa And India, No 2.*

- Despite several economic and social problems, the younger generation generally look after their elderly relatives. Most of the rural elderly are cared for by their spouse, members of the household and relatives as well as others outside the household when they fall ill.
- Day-to-day activities of the urban elderly mainly include assisting the spouse and other members in household activities, watching TV, reading newspapers, taking morning and evening walks, interacting with friends and assisting grandchildren in their school related work. In contrast, the rural elderly continue to assist the family with household and agriculture related activities.
- Participation in various social and cultural programmes is mostly by the upper strata male elderly living in urban areas.
 - A majority of the beneficiaries of old age pension schemes expressed the view that their lives became more comfortable after they started getting a pension. It helped them to adjust better with the family and the community. According to the National Policy on Older Persons (NPOP, 1999) old age pension schemes covered about 2.76 million persons. This coverage will be significantly expanded so that the objective of covering all older persons below the poverty line is ultimately achieved.
- More elderly females suffer the loss of status and decision-making roles than elderly males. The proportion that suffers from problems of widowhood is also higher among them.
 - Retired persons evaluated their relationship with family members as generally good.⁵ As the range of their psychological problems was much wider, the impact was entirely different as compared to those from the 'unorganised' sector. Many young people were aware of the problems of retired persons and generally showed a positive approach. They willingly provided financial assistance, accepted them as head of the family, consulted them on family matters and did not like them to work after retirement.

In developed countries, population ageing has resulted in a substantial shift in emphasis between social programmes, causing a significant change in the share of social programmes going to older age groups. But in developing societies like India, these transfers will take place informally and will be accompanied by high social and psychological costs by way of intra-familial misunderstandings and strife.

- M S Gore, 19934

Though the young generation takes care of elders in modern societies, their living conditions and quality of care

differ widely from community to community.

Live your life and forget your age.

- Norman Vincent Peale



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- The level of anxiety is generally reported to be higher among the elderly. They experience loneliness, economic uncertainty, general unhappiness and despair, meaninglessness and hostility.⁶ A majority of them turn to religious activities to overcome their feelings of anxiety.
- The institutionalised elderly experience greater loneliness, depression and hopelessness as compared to elderly who live either with their children or independently. ⁷
 - A majority of the young generation viewed the elderly as a socio-economic burden. However, some of them acknowledged advantages like care at the time of sickness, advice in family matters, and guidance for an all round development of the family.
 - Most of the elderly anticipate a degree of stress in their inter-generational bonds in future.
 - "Successful ageing" is mainly determined by: self-acceptance of ageing changes, self-perception of health, perceived functional ability, perception of social support, inter-generational amity, belief in karma and afterlife, flexibility, range of interests, activity level, marital satisfaction, certain value orientations and economic wellbeing. ⁸
- The National Policy on Older Persons (1999) emphasises the creation of an age integrated society. It believes that the development of a social support system, informal as well as formal, will strengthen the capacity of families to care for older persons, who can then continue to live with their family.

(iii) Health Issues

Health problems and medical care are major concerns among a large majority of the elderly. It is obvious that people become increasingly susceptible to chronic disease, physical disability and mental incapacity as they grow older. The idea that old age is an age of ailments and physical infirmities is deeply rooted in the Indian

psyche. Majority of the elderly refrain from seeking medical aid due to various impediments. Some refuse medical attention merely because traditionally they have never received such treatment.

"Opportunities and facilities need to be provided so that they can continue to contribute more effectively to the family, community and society." (NPOP, 1999)⁹

Health facilities exclusively for the elderly are negligible. They have to compete with the general population to receive them.

***Age does not matter if the matter does not age.
- Carlos Peña Romulo***



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- Multiplicity of diseases is normal among the elderly. A majority of them often suffer from chronic bronchitis, anaemia, blood pressure, chest pain, heart attack, kidney problems, digestive trouble, change in vision, diabetes, rheumatism and depression.¹⁰
- Disability among the elderly mainly imply difficulty in walking and standing, partial or complete blindness, partial deafness, difficulty in moving some joints, indigestion and mild breathlessness.
- It has been observed that retired persons, who keep fit before and immediately after retirement, continue to be free from illness during the post-retirement period. However, if any illness starts before or just after retirement, it continues during the post-retirement period too.¹¹
- Factors like age, education, economic status, marital status, perception on living, anxieties and worries, addictions, degree of idleness, type of health centre visited, and whether or not on medication exert a significant influence on both the perceived and actual health status of the elderly.¹²
 - Public health in our country is under the perview of states with supplementary inputs from the Centre.

- The healthcare system includes public health facilities like teaching hospitals, secondary level hospitals, first level referral hospitals (community health centres or rural hospitals), dispensaries, primary health centres, sub-centres, health posts and public facilities for selected occupational groups.
- The disease burden of India's population constitutes as high as 21 per cent of the global disease burden.¹³

Policy Perspectives

National Policy on Older Persons (1999) states that, "it will be necessary to have a judicious mix of public health services, health insurance, health services provided by not-for-profit organisations including trusts and charities and private medical care."

National Population Policy (2000)¹⁵ states that, "promoting old age healthcare and support will, over time, also serve to reduce the incentive to have large families... It has become important to build geriatric health concerns into population policy."

National Health Policy (2002)¹⁶ expresses the view that, "it is unnecessary to labour the point that under the umbrella of the macro policy prescriptions in this document, government and private sector programme planners will have to design separate schemes, tailor-made to the health needs of women, children, geriatrics, tribals and other socio-economically underserved sections."

The golden age is before us, not behind us.

- St Simon



- The private health sector (whether profit or non-profit) is more dominant with 50 per cent of the people seeking

indoor care and around 60-70 per cent seeking outpatient or ambulatory care.¹⁴

- Despite the adoption of various policies, no clear strategy or schemes exist for the development of healthcare for the elderly.
- Public healthcare utilisation is very low. Less than 20 per cent of the population that seek outpatient services and less than 45 per cent of whom seek indoor treatment avail of services in public hospitals.¹⁸ Existing public health infrastructure, such as consumables, equipments and essential drugs, is far from satisfactory. The presence of medical and para-medical personnel is often much less than prescribed.
- At present, only one hospital in India has separate facilities for senior citizens. It is proposed¹⁹ that all central government hospitals have an exclusive Outpatients Department and general ward for geriatric patients.
- Health needs of the elderly are enormous, but the financial resources and managerial capacity available to meet them are inadequate.

The National Rural Health Mission document (2005-2012) has articulated the commitment of the Government to raise public spending on health from the existing 0.9% to 2-3% of GDP.¹⁷

Health insurance is limited to only a small section of people in the 'organised' sector, and covers less than 10% of the total population.

PROBLEMS

Concerted efforts made by researchers have led to a better understanding of ageing issues. There is more awareness with regard to psycho-social, economic and health issues of the elderly, profiles of beneficiaries under various programmes and schemes such as old age pensions and old age homes. The diversity that has emerged in the ageing process necessitates our research efforts to focus on different ageing issues in society. This will ultimately promote the development of effective age-related policies and programmes.

(i) Issues

- A majority of the studies view the elderly as passive receivers of care.
- The issues related to the urban male elderly, comprising mostly retirees/pensioners, are highlighted in the studies conducted so far. In these studies, the focus on elderly living in rural and tribal communities is inadequate.
 - The problems of vulnerable elderly like widowed females, disabled, fragile older persons and those from the unorganised sector are inadequately covered.
- Health problems are mostly assessed on the basis of the subjective perception of the elderly. Considering their low socioeconomic status, high illiteracy and inadequate knowledge of diseases, medical care and health issues, health problems perceived by them are mostly underrated and need a more comprehensive analysis.
 - Various systems of medicine like Ayurveda, Homeopathy, Naturopathy and Yoga are under-utilised by people in general and the elderly in particular. Unfortunately, inadequate effort is made to understand the factors contributing to this.
- The socio-economic, psychological and health conditions of the elderly are interlinked with other dimensions of their daily lives. A holistic assessment of all these dimensions is grossly neglected in assessing their living conditions.
 - Attempts are largely made in understanding the socio-economic, psychological and health status of the elderly. However, there are negligible efforts to know the determinants.

The issue of productive ageing, which highlights elders' contribution in the family and the community, is grossly neglected in the studies.

When grace is joined with wrinkles, it is adorable.

There is an unspeakable dawn in happy old age.

- Victor Hugo



(ii) Methodologies

Most earlier studies have limitations in view of their focus on only some specific segments of the elderly population. A majority of these studies were based on sample surveys only among particular strata of elderly population because of easy availability and convenience. In addition, the studies were mostly localised.

- Most studies conducted to assess various issues of the elderly are exploratory and descriptive.
- Surveys focused mostly on male retirees/ pensioners, mainly in urban areas. The elderly residing in rural and tribal areas were inadequately covered in these studies.
- A majority of the surveys used questionnaires/interview schedules to assess various issues of the elderly. Other types of instruments that could provide relevant information more comprehensively were not considered adequately.
- Health status of elderly was assessed on the basis of their subjective perception. An objective assessment, based on physical examination by trained medical professionals was almost non-existent.
- The assessment of status of the elderly was mostly based on the data obtained directly from them. Spouses and other caregivers in the family were not covered, which led to inadequate understanding of the situation.
- A majority of the studies are based on sample surveys, with a small sample of elderly population residing in a particular geographical location.
- Analysis of the data related to elderly issues is mostly through simple statistical tools and lacks rigorous statistical treatment.

Old age should be viewed from the perspective of the continuity of roles and functions than from the perspective of disengagement or withdrawal.

***Your work is to discover your world and then,
with all your heart, give yourself to it.***

- The Buddha



RESEARCHERS' VIEWS

Researchers have voiced their views on the current state of research on ageing studies.²⁰

"Most research is piece-meal, with hardly any ageing perspective in the design. Need-based studies that critically analyse the problem and suggest intervention methods are almost nonexistent."

- Indira Jai Prakash (1999)

"It is apparent that many studies have drawbacks of one type or another. Psychosocial gerontology consists of data collection that use schedules, questionnaires or tests. Strict standardisations of these procedures is difficult, but nevertheless is important."

- P V Ramamurti (2005)

"A review of the studies shows that these researches appear to have been influenced to a large extent by theoretical perspectives, conceptualisation and paradigms arising from the works of western scholars. Hardly any efforts seem to have been towards indigenisation."

- Arun P Bali (2005)

SOLUTIONS

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The socio-economic profiles of the elderly population are undergoing a change and many elderly persons want to lead an active life of fulfilment for themselves, their families and the community. This resource group of people can make valuable contributions if policies and programmes are developed for their integration into the development process.

(i) Priority Issues

Following are some of the priority issues for research on ageing:

- In recent years, India has undergone enormous changes on account of increased urbanisation, industrialisation and globalisation. Hence surveys to assess their impact on the living conditions of the elderly are vital.
 - Studies are needed on structural analysis of social networks and social support systems and care of the elderly.
 - The high vulnerability of elderly women underline the need to conduct studies on this growing segment of the population.
 - The large number of rural elderly with their distinct problems makes focusing on this segment of the population very important.
- The effect of migration of young members on their ability to take care of their elderly family members needs to be examined.
 - Research should focus on strengthening inter-generation bonds in order to enhance the overall quality of life.
 - Studies should identify feasible and appropriate community-based support programmes such as day care and interactive centres in the neighbourhood and community. This would minimise social isolation of the elderly.
- The concept of 'life-span approach' and its links with socio-economic, psychological and health status of the elderly needs to be researched thoroughly.
- An understanding of various determinants of the status of the elderly and variations across different socio-economic settings is essential.
- The impact of major health problems like HIV/AIDS, psychiatric disorders, etc on older people needs to be assessed.
- The link between nutritional status and health status of the elderly is a growing area and research in this area needs to be carried out.
 - The efficacy of primary healthcare in the context of rural elderly needs to be explored in greater detail.
- The complexity of issues associated with the definition, measurement and identification of factors contributing to elder abuse necessitate thorough research.
 - Social and ecological factors in a society as large and complex as India needs to be explored to reveal diverse personal adjustments of the elderly. An assessment of varied determinants of successful ageing should assist in designing provisions congruent to their specific needs.
- The profiles of various organisations associated with care of the elderly in different geographical locations, along with an assessment of their perceived strengths and inadequacies need to be studied to initiate a network process.

Elder abuse is a growing problem, the dimensions of which goes beyond mere physical abuse.

A comprehensive care package that includes promotive, preventive, curative and rehabilitative services in the area of health needs to be worked out for holistic promotion of health among the elderly.

Live as if you were to die tomorrow.

Learn as if you were to live forever.

- M K Gandhi



(ii) Methodological Approaches

Together with the high growth rate of the elderly population, there have been rapid changes not only in their profiles, but also their personal, familial, neighbourhood and societal environment. This intensifies the need to evolve alternative approaches and methodological refinements for studying issues related to ageing.

Following are some of the methodological issues that require the attention of researchers, policy makers and others involved with ageing issues:



- Ageing needs a multi and inter-disciplinary perspective. The development of social gerontology reveals that disciplines like sociology, demography, psychology, anthropology, geography, social policy and administration, as well as varied professional training like social work, nursing and clinical psychology, focus on various ageing issues. However, no single disciplinary focus gives a holistic understanding. So approaches to understand these issues from a multi and inter-disciplinary perspective need to be initiated. A combination of qualitative and quantitative approaches will also help to acquire a more comprehensive understanding.
- The elderly are a heterogeneous lot. Variations in their living situations need to be viewed vis-à-vis factors like age, gender, marital status, region, educational status and occupational status. Considering their heterogeneity, proper stratification of the elderly is required so that meaningful conclusions are drawn based on findings emerging from studies on the elderly.
 - Most studies conducted so far on the elderly in India are exploratory and descriptive. However, a proper understanding of various explanatory factors influencing living conditions of the elderly, as well as their perceptions and attitudes on various issues, require rigorous explanatory studies.
- Wide variation in levels of development and socio-economic status of people living in different geographical regions make national level studies on the elderly essential. A more realistic countrywide picture can be assessed based on such studies.
 - The number of economically independent elderly with the ability to contribute to family and society is growing. Studies on various issues related to productivity of ageing, with success stories highlighted, are needed.
 - Family support systems like caregivers and social networks also need to be emphasised in studies on ageing. Coverage of such support systems and social networks will help comprehensively to understand ageing issues.
- Most ageing issues are closely inter-linked with earlier stages of life. Hence, studies on perspectives like life-long development are important in understanding the elderly issues.
- Quality of life, well-being, healthy ageing, successful ageing, productive ageing and active ageing are issues of the elderly that require wider links and greater understanding. For better comprehension, there is a need to visualise these concepts and to evolve composite indices, with due coverage of the complex dimensions.
- In order to sharpen trends in the findings and draw more meaningful conclusions, data on ageing issues need to be analysed by controlling factors like gender, age, class and other relevant characteristics of the elderly.

In youth we learn; in age we understand.

- Marie Von Ebner-Eschenbach

Areas for collaboration between public and private initiatives for improving the quality of life of the elderly need to be researched.

Cohort studies, multi-generational studies and longitudinal studies need consideration.

Time is not measured by the passing of years but by what one does, what one feels, and what one achieves.

- Jawaharlal Nehru



- Consolidation and amalgamation from multiple sources and links of databases and re-analyses of existing data are necessary. Analyses of both secondary and primary data need to be attempted, wherever necessary, which in turn will help to focus on ageing issues, both at macro and micro levels.
- Training in the field of geriatrics and gerontology for para-professionals and other medical staff needs to be framed. This necessitates adequate empirical database through research.
- Understanding various issues of the elderly within the total framework of their living conditions is important. This will be more satisfying in understanding their problems.

A holistic attempt is required in gerontological research. Our focus is needed on alternative approaches, change in methodologies, improved definitions, appropriate tools and sophisticated statistical techniques for analysing data.

MESSAGE FROM HARMONY

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Harmony has endeavoured to develop the research agenda for understanding issues related to our elderly more comprehensively. The following measures have been suggested for its effective implementation:

- Evolve appropriate methodologies in social research to enable creation of a society where elderly are partners in development.
- Adopt alternative and innovative methodologies in health research to make equitable, affordable and quality healthcare accessible to the elderly population.

- Promote regular and greater interaction among researchers, policy planners, community workers and service providers associated with ageing issues.
- Disseminate the findings of the studies on ageing issues not only among researchers, policy makers, organisations/associations involved with various issues of ageing, but also among the wider community. This will ensure that the importance of research and its findings are appreciated.

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ABOUT HARMONY

Harmony, founded in 2004, is a social initiative of the Dhirubhai Ambani Memorial Trust formed by the family of Dhirubhai H Ambani (1932-2002), founder-chairman of the Reliance Group. Dhirubhai Ambani believed that each individual, irrespective of age, has an infinite source of energy and, given the proper environment, will contribute to society. His vision is the foundation on which Harmony has initiated multi-dimensional activities for senior citizens. Harmony sees India's elderly as 'Silver Citizens', glowing and proud, and seeks to help them retain their dignity and sustain their sense of pride and self-esteem, with a view to improve their quality of life.

At present, the Harmony Initiative has three facets:

- *Harmony*, the magazine
- The Harmony Interactive Centre for silver citizens, in South Mumbai
 - www.harmonyindia.org, the portal

The Harmony Interactive Centre, operational since May 2004, provides a unique opportunity for Silvers to interact with their peers in a space of their own and experience life anew. It also aims to educate the general public about issues pertaining to the elderly. Since its inception, the centre has become an extension of the lives of members. This is reflected in their relationships with their own families and a general improvement in their overall wellbeing. The centre offers a broad spectrum of activities and programmes, ranging from yoga, laughter club sessions and group therapy to talks on spirituality, music and dance, festival and birthday celebrations and picnics. Over the next few years, more such centres will be established to further the vision of Harmony.

The monthly magazine *Harmony-Celebrate Age*, launched in June 2004, is the national voice of silver citizens with a motivational and upbeat tone. Though the magazine is targeted at people over 50, it's a great read for the entire family. It includes inspiring profiles, in-depth features, national and international news, self-help sections and columns on subjects like finance, yoga and legal aid. From health, lifestyle and travel to technology, books and leisure, the magazine has it all. The package is stylish and reader-friendly and guarantees food for thought and value for money.

The paperless medium www.harmonyindia.org is positioned as the future face of Harmony. The portal aims to create networking and awareness about the needs of the elderly, and highlight the resources and opportunities at hand for seniors in India and their NRI friends and counterparts overseas. It reflects the overall image of Harmony as a single window information centre, a virtual platform created to reach out to people from all strata of society globally and an opportunity to voice opinions for a better tomorrow. It is widely viewed both nationally and internationally.

The Harmony Initiative intends to promote sound and forward-looking strategies and mechanisms to enhance the abilities and participation of silver citizens in the overall development of society. In this regard, we are in the process of initiating research and training programmes with a view to strengthen these components in the overall framework of ageing issues. The present report, *Ageing in India in the 21st century: A Research Agenda (Priority Areas and Methodological Issues)-Series I*, is an important step in this direction.

Photos Courtesy: Suresh Natarajan; Ranjit Singh; India Picture; Fram Petit; Bajirao Pawar; R Prasanna Venkatesh; Jasbir Malhi; Ashesh Shah

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